

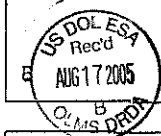
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11419</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Dominic Tocco III</u> P.O. Box, Bldg., Room No., if any Street <u>709 Brookpark Road</u> City <u>Cleveland</u> State <u>OH</u> ZIP Code + 4 <u>44109-5833</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 416</u> Labor Organization File Number <u>016-339</u> P.O. Box, Building and Room Number, if any Street <u>709 Brookpark Road</u> City <u>Cleveland</u> State <u>OH</u> ZIP Code + 4 <u>44109-5833</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing Dominic Tocco III		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Teamsters Local 416 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 709 Brookpark Road City Cleveland State OH ZIP Code + 4 44109-5833		9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Teamsters Local 416 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 709 Brookpark Road City Cleveland State OH ZIP Code + 4 44109-5833		11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 0 12.a. Nature of interest held or income received. 11/16 Retirees Lunch Value under 25 12.b. Amount. -0-
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Legg Mason Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 200 Public Square, #2950 City Cleveland State OH ZIP Code + 4 44114		14.a. Nature of payment. Lunch meeting 11/18 Value unknown
13.b. Is the Business an Employer or Consultant X ?		14.b. Amount of payment. -0-

Name of Person Filing Dominic Tocco III		File Number U.
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Findley Davis Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1300 East Ninth Street., #1850 City Cleveland State OH ZIP Code + 4 44114-1503		14.a. Nature of payment. 12/8 Lunch meeting Value unknown
13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> X ?		14.b. Amount of payment. -0-

US DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF LABOR MANAGEMENT STANDARDS
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